

ASSESSMENT FOR LATEX SENSITIVITY/ALLERGY RISK FACTORS

FILE #: _____

NAME: _____

DATE: _____

1. 1. _____ Multiple medical or surgical procedures
2. 2. _____ Spina Bifida
3. 3. _____ Congenital urinary anomalies
4. 4. _____ Sensitivity to banana, avocado, kiwi, chestnuts, pineapple or passion fruit
5. 5. _____ Asthma or hayfever
6. 6. _____ Unexplained allergic anaphylactic reaction during a medical procedure
7. 7. _____ Immediate swelling, redness or itching after contact with something made from latex such as gloves, a gastrostomy tube, Band-Aids, a foley catheter or dental supplies